

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
use of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of
order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No.

Registered No.

1. PLACE OF BIRTH

County

Gila

State

Arizona

District or Township

or Village

City

Miami

No.

123

Mexican Cyn

St.

Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Elliots

Muniz

If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other

6. Legitimate?

7. Date

May 11 1929
Month Day Year

8.

FATHER

Full name

Juan Muniz

14.

MOTHER

Full maiden name

Adelina Ortiz

9. Residence

(Usual place of abode)

Miami, Arizona

15. Residence

(Usual place of abode)

Miami, Arizona

If non-resident, give place and state.

If non-resident, give place and state.

10. Color or race

Mexican

11. Age at last birthday 43 (Years)

16. Color or race

Mexican

17. Age at last birthday 33 (Years)

12. Birthplace (city or place)

(State or country)

Mexico

18. Birthplace (city or place)

(State or country)

Mexico

13. Occupation

Miner

Nature of industry

Copper

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was

alive (Born alive or stillborn.)

at 10:30 a.m. on the date above stated.

Signature

MD

(Physician or midwife)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

Month, day, year

Address

Miami, Arizona

Filed

May 20, 1929

R. C. Long

Registrar

Registrar

749-511-169